

STATEWIDE PROGRAM STANDING COMMITTEE
FOR ADULT MENTAL HEALTH

Meeting Notes
May 8, 2006

MEMBERS: Lyn Parker Haas, George Karabakakis, David Mitchell, Clare Munat, Sue Powers, and Marty Roberts

DMH STAFF: Patti Barlow, Bill McMains, Melinda Murtaugh, and Frank Reed

PUBLIC: Anne Donahue, Nick Emlen, Mary Ellen Gottlieb, and Scott Thompson

Facilitation

Marty Roberts facilitated today's meeting.

Update from the Division of Mental Health (DMH): Frank Reed

Adult Mental Health:

- ✓ Recruiting has begun for a new Quality Management Director in Adult Mental Health.
- ✓ This year, for the first time since housing contingency funds were created in the early 1990s, they will be getting an increase: \$90,000 in Fiscal Year 2007.
- ✓ Last week a site visiting team assessed Vermont's readiness to meet new reporting requirements to the federal government on National Outcome Measures (NOMS) for both mental health and substance abuse. A report will be forthcoming from the consultation team outlining Vermont's overall readiness and system needs.
- ✓ The Division of Mental Health (DMH) is completing guidelines for transportation alternatives for adults in involuntary care; overall, the need for less restrictive alternatives to secure transport is anticipated to be small for the adult population.
- ✓ Now that the Division of Mental Health and the Division of Developmental Services are in two separate entities within the Agency of Human Services, a revised Pre-admission Screening and Annual Resident Review (PASARR) form is required. DMH has been working on the Level I screening process for identification of persons with a mental illness or developmental disability. (Level II assessments are for long-term treatment and needs for persons who are positive for conditions on a Level I screen)
- ✓ DMH is working with the Vermont Department of Health's Information Technology Directors to ensure data integrity at the program level.
- ✓ Frank Reed met with Community Rehabilitation and Treatment Directors at their regular monthly meeting last Friday, May 5.
- ✓ Budget meetings with designated agencies are ongoing.
- ✓ The visit from the Department of Justice that was scheduled for today (May 8) has been postponed. It will probably take place later in the summer or fall.
- ✓ The Vermont State Hospital (VSH) has received a follow-up safety review report which is posted on the website.
- ✓ The Board of Health will meet later this week to consider the status of VSH's conditional license, issued in February.

VSH Futures:

- ✓ Legislative approval: The Joint Fiscal Oversight Committee has approved the Futures plan.
- ✓ The new plans will go through the certificate of need (CON) process without exemptions, which means that the current timeline for completion of the new facility could be extended by up to two years.
- ✓ The legislature appropriated \$1 million for planning for new VSH construction.
- ✓ Subgroup activities
 - Housing:
 - Case management: draft admission criteria
 - Crisis bed group: information
 - Meeting in Burlington's Ward 1
 - Meeting at Fletcher Allen Health Care on May 16:
 - Staffing: An administrative assistant will begin work the end of May; the senior policy analyst position is still open
 - Employee work group:
 - Paper on consortium:

Notes on Meeting of April 10, 2006

The notes were approved as submitted.

Change of Agenda

Consideration of the re-designation of Health Care and Rehabilitation Services of Southeastern Vermont (HCRS) has been rescheduled for the Standing Committee meeting on June 12.

Collaboration Between HCRS and Police in Bellows Falls: George Karabakakis

George distributed hard copies of a PowerPoint presentation summarizing highlighting the social work and police partnership in Bellows Falls. Basically, HCRS has stationed a case manager on site at the Police Department full-time to work with individuals with mental illness and their families, to assess their needs, and to connect them to resources (natural supports, professional providers, and others, as indicated). The project has fostered a lot of trust between the officers and within the community, George said. The co-location of the case manager with police is key to the success of the collaboration, according to George. He believes that the program significantly reduced incidents involving disruptive family dynamics between 2002 and 2004. The total number of calls to the Bellows Falls Police Department also went down by 25 percent over the same time period. The program has won a number of awards. The partnership has funding from a number of organizations for the coming fiscal year but after that may have to search for other sources to keep going.

Membership Subcommittee

The Standing Committee discussed the difficulty of recruiting new members. After six years, Marty Roberts is resigning but will stay through July in hopes that another member can be found

before then. Gladys Mooney's term expired on April 30. Kitty Gallagher's reappointment papers are making their way through the Governor's Office and should be ready soon. The terms of other members expire at the end of April in 2007 and 2008.

Marty urged the Standing Committee to recruit more energetically. Clare Munat volunteered to contact a couple of local standing committees. Nick Emlen offered to go to the Adult Outpatient Directors' group to explore the possibility of recruiting among AOP clients. Different VPS support groups might have others who would be interested in being on the Statewide Standing Committee.

The two vacancies on the VSH Governing Body remain unfilled. To meet the Governor's preference for having more than one candidate for a post, Anne Donahue suggested that the two current nominees be proposed for the same spot on the Governing Body.

Conditional Voluntary Admissions: Bill McMains and Patti Barlow

Concern in the community that some designated hospitals have been allowing inpatient admissions on conditional voluntary status only, to the exclusion of truly voluntary, came to the Division of Mental Health's attention several months ago. DMH central office staff worked with a number of stakeholders to formulate a new policy to make truly voluntary status available as well. Those efforts fell apart in disagreement over the permissible length, two hours versus four hours, of an emergency hold period to prevent inpatients from leaving the hospital and possibly harming themselves or others. DMH's position is that both conditional voluntary and truly voluntary should be available for admissions to psychiatric care in designated general hospitals in the community.

Conditional voluntary status is defined in Vermont statute (18 V.S.A. §8010). DMH's position statement on truly voluntary status says that

persons agreeing to voluntary admission to a psychiatric unit or hospital should be offered unconditional or "truly voluntary" admission unless the person meets one of the following clinical criteria:

- (1) The person presents for admission in circumstances that would otherwise qualify for an emergency examination;
- (2) There are known or reliably reported events of impulsive behavior that have resulted in dangerousness or seriously deteriorated condition; or
- (3) The person requests the hospital delay a response to their asking for immediate discharge.

DMH needs to put together a uniform voluntary form for the designated hospitals, Bill said. The Central Vermont Medical Center's form might be a model. The Division will be taking recommendations for both the policy and the form for at least a month; anyone who wants to give input should get in touch with Bill.

Anne Donahue suggested adding to the policy the definition of "voluntary patient" from the Vermont statutes. "Voluntary patient" means one who is not acting under any type of coercion,

she added. Anne also raised the question of the applicability of the Americans with Disabilities Act and other statutes to the DMH policy as presently formulated. She informed the Standing Committee that Legal Aid intends to file a lawsuit if DMH attempts to implement this policy in its current form. Finally, she reminded Bill of her understanding that DMH would hold a public meeting to obtain input from consumers about the policy.

Lyn Parker Haas perceived this whole conversation as hostile, and she said that she did not understand why. Anne spoke about her own disappointment over initially collaborative talks that broke down over the two-hour or four-hour emergency hold period. Now it is frustrating to see the Division take the position that people can be held for four days, she said. Bill's perception is that the issues involved are very values-laden, concerning people's freedom and civil liberties. There is also a real difference about what the law actually says; as he sees it, the inconsistency is internal to the law itself. DMH must be bound by what the law says now. Fundamentally, in his opinion, there is disagreement but no hostility.

Public Comment

Anne Donahue gave a legislative update that included the following items (this is not an exhaustive list):

- ◆ \$15,000 additional for a nurse-educator at Washington County Mental Health Services to assist in anti-smoking orientation for new clients
- ◆ \$100,000 in capital bill for ongoing safety work and repairs at VSH
- ◆ \$1 million for further work on CON
- ◆ H. 404: "Any willing provider" bill requires insurance networks to accept any provider willing to meet the terms of the contract
- ◆ H.306: Awaiting the Governor's signature
- ◆ H. 114: On parity; did not advance this session
- ◆ Mental-health services in prisons: change in use of segregation. Fifteen days maximum for punitive segregation, thirty days maximum for administrative segregation—renewable for thirty days indefinitely

Items for the Agenda in June

- ∞ Ongoing items: DMH update, VSH, recovery, etc.
- ∞ HCRS re-designation
- ∞ Update on recruitment for new Commissioner of Health
- ∞ Williamstown proposal
- ∞ Peer recovery residences (possibility of inviting Shari Mead to present—?)

Other Items for Future Agendas, as Relevant or Opportune

Continuation of peer-support programs/issues
Medical home project
Employment opportunities